

PATENT APPLICATION FEE DETERMINATION RECORD
 Substitute for Form PTO-825

Subsidiary to Form P10-875

CLAIMS AS FILED - PART I

(Column 1)		(Column 2)	
BASIC FEE (37 CFR 1.16(a))		BASIC FEE	
TOTAL CLAIMS (37 CFR 1.16(c))			
INDEPENDENT CLAIMS (37 CFR 1.16(a))	minus 20 =		
	minus 3 =		
MULTIPLE DEPENDENT CLAIMS PRESENT (37 CFR 1.16(d))			

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY

FEE	FEE
	\$
\$	
\$	
\$	
TOTAL	

OTHER THAN SMALL ENTITY

FEE	FEE
	\$
\$	
\$	
\$	
TOTAL	

CLAIMS AS AMENDED - PART II

10-305 (Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	SMALL ENTITY		OTHER THAN SMALL ENTITY	
				RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total - (37 CFR 1.140(b))				\$		\$	
Independent (37 CFR 1.140(d))				\$		\$	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.140(f))				TOTAL ADDL FEE		TOTAL ADDL FEE	

12-20-05 (Column 1)

12-20-05 (Column 1)

AMENDMENT B

	CLARIS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))			
Independent (37 CFR 1.16(d))			

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

(Column 2) (Column 3)

TOTAL
ADDL FEE

RATE	ADDITIONAL FEE
\$	
\$	
\$	
TOTAL ADDL FEE	

TOTAL
ADDL FEE

RATE	ADDITIONAL FEE
\$	
\$	
\$	
TOTAL ADDL FEE	

AMENDMENT C	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.14(c))	•	Minus •	•
Independent (37 CFR 1.14(b))	•	Minus ***	•
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.14(d))			

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3

• If the "Highest Number Previously Paid For" in this case is less than the entry in column 2, write "0" in column 3

RATE	ADDITIONAL FEE
\$ _____	
\$ _____	
\$ _____	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
\$ _____	
\$ _____	
\$ _____	
TOTAL ADD'L FEE	

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "0" in column 3.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "0" in column 3.
- **** If the "Highest Number Previously Paid For" (Total or Independent) is less than 1, enter "0" in column 3.

This collection of information is required by 37 CFR 1.15. The information is required to obtain or retain a benefit by the public which is to file (and by the USPIO to process) an application. Confidentiality is governed by 35 U.S.C. 127 and 37 CFR 1.14. This collection may sometimes take 12 minutes to complete, on the amount of time you require to complete this form and additional suggestions for reducing this burden, should be sent to the Civil Information Office, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEE OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

1. I have read the instructions on completing the form, and I understand the information I am required to provide.